Date of onset

___M. D. ------

Berlm	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groeery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
II.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	4		
	8.		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH should item of Gelan City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred statement How long in U.S. If of foreign birth?_____yrs.____mos.____ds. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEAT OR DIVORCED (write the word) CTL assified. BINDING 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of alow CERTIFY. Thet t attended deceased from to..... 6. DATE OF BIRTH (month, day, end yeer) certificate properly 7. AGE Months Days If LESS than to have occurred on the date stated above, et. The PRINCIPAL CAUSE OF DEATH end related causes of Importence or____min. were as follows: 8. Trede, profession, or particular kind of work done, es SPINNER, OCCUPATION RESERVED Jo SAWYER, BOOKKEEPER, etc. may back plnods 9. Industry or business In which work wes done, as SILK MILL SAW MILL, BANK, etc fO. Date deceesed last worked at ff. Total time (years) this occupation (month and that spant in this occupation ___ instructions AG Other Contributory Causes of importance ARGIN 12. BIRTHPLACE (city or town) (State or country) terms, FATHER 13. NAME See f 4. BIRTHPLACE (city or town) (Stete or country) carefully What test confirmed diegnosis? Was there en eutopsy?____ d MOTHER important. f5. MAIOEN NAME 23. If deeth wes due to external causes (VIOLENCE) filt in also the following: DEATH 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?______ Dete of Injury______ 19. (Stete or country) pe Where did Injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE, Very should (Address) OF 18. BURIAL, CREMATION, OR REMOVAL WRITE Manner of Injury CAUSE mation TION Nature of injury_. 24. Was disease or injury in eny way related to occupation of decessed? 19. UNDERTAKER (Address)

If more blanks are needed, address Stale Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

Oate of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I		Example II	
The principal cause of of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 5 1005 ·	July 5,1927	Peritonitis	3 days ago
	BUREAU V S			
Other contributory ca	uses of importance:	1.5	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05878	
1. PLACE OF DEATH	940	
County Worcesler.	Registration Dist. No. 032	
Village or City Adlest Ocean Cety.	NoSt.,Ward	
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.	
2. FULL NAME Charles 24. Cather	0 0	
(a) Residence: No. West Oscar Cely.	St Ward,	
(Usual place of about)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4. COLOR OR RACE OR DIVORCED (write the word) STATE OF THE PROPERTY OF	21. DATE OF DEATH (Mgnth) (Day) (Year)	
HUSBAND of Cor) WIFE of Virguia Cartell.	22. I HEREBY CERTIFY. That I attended deceased from	
i. DATE OF BIRTH (month, day, and year) Nov. 28, 1862	Hast saw in alive on alive on death is said	
AGE Years Months Deys If LESS than	to heve occurred on the date stated above, etAm.	
/ 2 0rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Com hestory 1/420/3	
9. Industry or business In which work was done, as SILK MILL.	Heel aslet	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Date deceased last worked at this occupation (month and year) The say 1 1, 1935 11. Votal time (years) spent in this occupation occupation occupation.		
12. BIRTHPLACE (city or town) Maryland, (State or country)	Other Contributory Canses of Importence:	
5 13. NAME Leorge Cartiels.		
14, BIRTHPLACE (city or town) Maryland. (State or country)	Name of operation Date of What test confirmed diagnosis?	
15. MAIDEN NABERTAL Elizabeth Birch.	23. If death wes due to external causes (VIOLENCE) fill in elso the following:	
15. MAIDEN NAMEARAN Elizabeth Birch. 16. BIRTHPLACE (city or town) Maryland.	Accident, suicide, or homicide?	
(State or country)	Where did injury occur? (Specify city or town, county and State)	
7. INFORMANT Mrs Charles Carllell. (Address) West Cenn City.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
8. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Plece Cuenque Date Mars 27, 1933	Nature of Injury	
9. UNDERTAKER J. W. Burboye (Addiess) Berlin M	24. Was disease or injury in any way related to occupation of deceased? 220	
20. FILED 6/22, 1935 - S.S. M uniford	(Signed) M. [

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. s.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05879
1. PLACE OF DEATH	CERTIFICATE OF BEATTI
County Mar Cester	Registration Dist. No. 532
Village or City Belling Md. R.D	•
	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME mary 6. Cathe	<i>L</i>
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
ORDIVORCED (wrige the word)	21. DATE OF DEATH MAN 13 102 5
5a If married widowed or divorced	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That t attended daceased from
Daniel J. painer	(1935, to May 13, 1985
6. DATE OF BIRTH (month, day, and year) (DET. 2) - 1865	I last saw h_la_alive on_ May 10, 1921; death is said
7. AGE Years Months Days tf LESS than 1 day,hrs.	to have occurred on the date stated above, at
10 6 23 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER Touse Wife SAWYER, BOOKKEPER, etc.	
SAWYER, BOOKKEEPER, etc. // OCCASE W UT	Canus of Jamah 1934
work was done, as SILK MILL, SAW MILL, BANK, etc.	(Carcinofing)
0 10. Date deceased last worked at mar 1 11. Total time (years) lefe	
this occupation (month and 1935) spent in this type	Oha Carillan C
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) maryland	
13. NAME John B/J isher	
13. NAME 48 Mu BJF isher 14. BIRTHPLACE (city or town)	Name of oparation
State of country)	What test confirmed diagnosis? Was there an autopsy? No
15. MAIDEN NAME Classific Gray 5	23. If death was due to external causes (VIOLENCE) filt in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19
(State or country) Much and	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT TURES . Tudson	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Plece Bishvarille Md Date May 15 1935	Manner of Injury
m Palaluatt	Nature of injury
19, UNDERTAKER A CAMPAGA A	24. Was disease or injury in any way related to occupation of deceased?
	If so, specify (Signed) Called M. D.
20. FILED May 14, 19 86 - X Muniford Registrar.	(Address) Barlin md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. N. B.-

item of infor-	s should state	of OCCUPA-	
RECORD, Every	PHYSICIANS	Exact statement	
PERMANENT I	EXACTLY.	ly classified. E	ite.
THIS IS A	ould be stated	may be proper	back of certifica
FADING INK	olied. AGE she	rms, so that it	nstructions on l
LY, WITH UN	carefully supp	TH in plain ter	portant. See in
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05.991)
1. PLACE OF DEATH	81:0
County Workester-	Registration Dist. No. 3 5 2
Village or City / Beslue.	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred the hospital of historical give its 14-14-12 instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Engra Drois.	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Davis	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, end yeer) 1890-	I lest saw han elive on May 4 1932'; death is said
7. AGE Years Months Days If LESS then	to heve occurred on the dete stated above, at 12 m.
45 Mulanowa 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were as follows:
2 Trade profession or particular	Cerebral Hymnowhave mask 3
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work west done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed last worked et this occupation (month and	
10. Dete decesed last worked et this occupetion (month and yeer)	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) Ashers (State or country)	Neme of operation. What test confirmed diagnosis? Was there en au'opsy?
# 15. MAIDEN NAME PARASISA. Dullall.	What test confirmed diagnosis?
15. MAIDEN NAME CAPACISM. Duffeld. 16. BIRTHPLACE (city or town). (State or couplry)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Vin Davis (Address) Serlin h. d.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Mrt. Wesley Dete May 8, 19 35	Nature of injury
19. UNDERTAKER W. Burbage (Address)	24. Was disease or injury in any wey releted to occupetion of deceased?
20. FILED May 8, 19 3 5 I Warnsford	(Signed) Goldens M. D. (Address) Herly md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	ry item of infor-	NS should state	nt of OCCUPA-	
IG.	ENT RECORD. Eve	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
D FOR BINDIN	IIS IS A PERMAN	be stated EXAC	be properly classifi	of certificate.
GIN RESERVE	FADING INK-TH	ied. AGE should	ns, so that it may	TION is very important. See instructions on back of certificate.
MAR	NLY, WITH UNF	be carefully suppli	ATH in plain term	mportant. See ins
V. S. No. 1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should b	A CAUSE OF DE	TION is very in

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05881
1. PLACE OF DEATH	(3)
County Workship	Registration Dist. No. 50
Village or City ar Smow Hell	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
71	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / ance hipon	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR ON RACE 5. SINGLE, MARRIED, WIDOWED.	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the ford)	21. DATE OF DEATH
fall while undowed	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Mary Nyhow	(1 mil 20 1035 to Um, 22 1035
6. DATE OF BIRTH (month, day, and year) Sent. 1/ 1862	Hast sew h com alive on a 2 1935; daath is said
7. AGE Yeers Months Deys If LESS than	to have occurred on the date stated above, at Z = m.
74 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
Trada, profession, or particular	were of follows:
kind of work done, as SPINNER Clarmer SAWYER, BOOKKEEPER, atc.	Prinches- polumenta Votes
	() 30
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	
11. Totel time (years) this occupation (months)	
this occupation (month an will 1935 spent in this occupation occupation)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importanca:
(State or country)	10hr my cardilis ?
13. NAME John Wihow	Chr. Intestita neghnitis
14. BIRTHPLACE (city or town)	Name of operation
14. BIRTHPLACE (city or town) /// (State or country)	TO () as a dl
	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Me dans lat a Let	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT I SHE TOURNES GO COMMEN	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Angle Hall Houte! 18. BURIAL CREMATION, OR REMOVAL	
- / · · M · · · // - · · // - ·	Manner of injury
Piste met la courable - A-Op - Date / Wy	Nature of injury
19. UNDERTAKER Agames Downs	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Snow Hall mig	If so, specify
20, FILED 576 19 85 LERoe Swith	(Signed) A GO Calselle M. D.
Registrar.	(Adgless) James VIII, MA
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

V. S. No. 1

20. FILED Milley 9, 1931

STATE OF MARYLAND—CERTIFICATE OF DEA	STATE	OF	MARYL	AND-	-CERTIF	FICATE	OF	DEA"	ſΗ
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 05882
1. PLACE OF DEATH	(92-0)
county Worcester.	Registration Dist. No. 332
Village or City Barlin (If	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residance in city or town where death occurredyrsmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME James 2 . Elis	
£ 20 0 °	
(a) Residence: No. (Vylan place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	may. > 193.5-
witherer.	(Monato (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of I da Ellis.	and 1934 to man > 1935
6. DATE OF BIRTH (month, day, and year) July 1. 1867.	I last saw h alive on My 19 35; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
67 10 6 ormin.	were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc.	Chromy talular Heart 1934
work was done, as SILK MILL,	
SAW MILL, BANK, etc	
O this occupation (month and spent in this	
yaar) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(Stata or country)	
II 13. NAME WHOUSE Ellis	
13. NAME USE ELLS 14. BIRTHPLACE (city or town)	Name of operation Date of Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy? My
15. MAIDEN NAME MARY address.	
E No I	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
To (otace of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Stagnard Linker (Address) Berlin md.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Suchung Date May 9., 19 3 5.	Nature of Injury
19. UNDERTAKER J. W. Burboge	24. Wes disease or Injury in any way related to occupation of deceased?
(Address) (Serlin pub	If so, specify

If more blanks are needed/address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Part	Example I		Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	IIN 5 146	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RUREAU V. S.	July 5,1927	Peritonitis	3 days ago
		W W	98	
Other contributory can	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

4	ADDITIONAL SPACE FOR FURTHER STAILDHENTS DI THISICIAN	

	STATE OF MARYLAND	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	Con 82-d
CER	county /Vollecter plan St to	efficer Cleure Registration Dist. No. 30
item of should of OCC	Village 69 Salisty	No. M. F. W. Ft. St., War
, in 0	Length of residence In city or town where death occurred yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
Every CIANS ement	2. FULL NAME Emma P. Fister	
CORD. Every PHYSICIANS act statement	(a) Residence: No. Fix. # 1,	St., Ward Salishy Mid.
ORD. HYSI t stat	(Usual place of abode)	If nonresident give city or town and State
RECO Fract	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
FA	Jemale White OR MORCE (write the word)	May. 2/. 1933
RMANENT X A C T L Y classified.	Sa. If married, widowed, or divorced	(Month) (Day) (Yeer)
DII IAN A C Issif	(or) WIFE of Jayefelle Horbe	1 HEREBY CERTIFY. That I ettended deceased fro
	6. DATE OF BIRTH (month, day, and year) May -2/: 1872	Hast sew half elive on My 9 11925 death is sa
R B B B B B B B B B B B B B B B B B B B	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$500 €m.
FOR B. IS A PE stated E properly certificate	63 0 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importanca were as follows:
20	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Humplegea Dom
RESERVED G INK—THIS GG should be that it may be ons on back of	SAWYER, BOOKKEEPER, atc	Couse Museum May (
SRVE K-Tl hould may back	SAW MILL, BANK, etc	Errore Duration do not home. Sure
ESE INK E sh at it	10. Date deceased last worked et this occupation (month and /930 spent in this occupation)	
	Tolina RID #1	Other Contributory Causes of Importance:
ARGIN NFADIN oplied. erms, so instructi	12. BIRTHPLACE (city or town) (State or country)	
MARGI UNFA supplied a terms,	13. NAME fambet Smuller	
D H D	14. BIRTHPLACE (city or town) Salesfuy 12-40. #1.	Name of operation Date of
Fig	(State or country)	What test confirmed diagnosis? Was there an autopsy?
W W in ant	T 15. MAIUEN NAME	23. If death was due to external causes (VIDLENCE) fill in also the following:
Car Car TH Poort	16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
AINLY, id be car DEATH	Mea agree Pleasers	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
PLA Should OF D	17. INFORMANY A J. DI H Jalung Ma	
Sho E O E O is v	Place Det Det Det 23, 19.35	Manner of injury
-WRITE mation si	Place/ Dete 195	Nature of injury
TEOF	19. UNDERTAKER (Addiess) Saluth Proc.	24. Wes disease of injury in any way related to occupation of deceased?
S. No.	J21 3+ 80A 1 14	(Signed) A fact Tuling M.
× z	20. FILED 1939 Registrar.	(Address) Sun Hill Ind.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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	Example II	
Date of onset	of importance were as follows:	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

STATE	OF	MARYL	AND-	CERTIF	FICA	TE	OF	DEAT	ŀ
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6	3	Bur			1
-	j	J	8	P	4

1. PLACE OF DEATH		(131)	
County Norcester	**************************************	Registration Dist. No	350
Village Dr CityPOCOMOKe	(1	ND. R. F. D. # 2. f death occurred in a horpital or institution, give its NAME instead of a s. ds. How long in U.S. if of foreign birth?	
2. FULL NAME Edna Ri			
	103 40143	Ch Word	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or	town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
Female White	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May (Month) (Day)	, 193 5 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of H. Strayer G	ordy	22. I HEREBY CERTIFY, That I	attended deceased from
6. DATE OF BIRTH (month, day, and year) Se	pt.16th.1896.	1 lest sew hand alive on alive on	death is said
7. AGE Years Months 7	Days If LESS than 1 dey,hrs. ormin.	to have occurred on the dete stated above, and the PRINCIPAL CAUSE OF DEATH and related causes of Importune es follows:	Date of onset
# 13. NAME Asbury C.Rile	1 11. Total time (years) spent in this occupation 111 and.	Dither Contributary Causes of importance: Press of Query	<u> </u>
	onsburg yland.	Name of operation	Date ofthere an autopsy!
16. BIRTHPLACE (city or town) Pitts:	yland. rdy	23. If death was due to external causes (VIOLENCE) fill in also the Accident, suicide, or homicide? Date of injur Where did injury occur? (Specify city or town, count Specify whether injury occurred in INDUSTRY, in HOME, or in Plance.	y and State)
18. BURIAL, CREMATION, DR REMOVAL Place ocoracke City		Manner of Injury	
19. UNDERTAKER POCOMOKE Cit	Stevenson.	24. Wes disease or injury in any wey related to occupation of deci	eased?
20. FILED May 3, 19 25	Registrar.	(Signed) (Address)	Z 130

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Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BORFAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	'URTHER STA'	TEMENTS BY	PHYSICIAN
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V. S. No. 14 N. B. CAUSE OF DEATH in plain terms, so that it may be properly classified.

OT 4 7-	0 =	HI A PARTE	- BID	OFDIE	ICATE		DEATH
CIAIL			V V I I				
DIAIL		WARTI	AIVII	T.FRIIF	LAIL		LICALD
~ 1 / 1 1 1		1414 717 1		~ ~ · · · · · · · · · · · · · · · · · ·		-	

60	Stor	1 1		Por
H	1	H	1	7
	6	-		17

1. PLACE OF DEATH				50000	OSE WITHIN GORPOORTS LIMITS 67		
County MOrcester					OKE CITY Registr	ration Dist. No. 350	
		COMOKE (O yrs. mos	No death occurred in a horpital or institution, give its	St., War NAME instead of street and number) th?	
2. FULL N	ME Ch	narles G	randee	Sr.			
					St., Ward.		
			(Usual place		If nonr	esident give city or town and State	
	-		CAL PARTI		MEDICAL CERTIFIC	CATE OF DEATH	
Male Male		r or race		RIED, WIDOWED, D (write the word) VET	21. DATE OF DEATH Pocomoke City Nay (Month)	11th. , 1935 (Day) (Year)	
5a. If married, wide HUSBAND of (or) WIFE of		The second secon	Grande	e	22. HEREBY CER '	TIFY, Thet I attended deceased fro	
6. DATE OF BIRTH	(month, day	, and year) Fig	h 14th	1857	I last saw h elive on		
	ears	Months	Deys	If LESS than	to have occurred on the date stated above, a	.00P m	
	78	2	28	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and relate were as follows:	ed causes of Importance	
10. Date decer	sed last wor upation (mor city or town). untry)	ked at 1920	ta	15 Yrs.). ime (years) nt in this upation	Heart Trouble, See other side for No frather inferentian. Other Contributory Causes of importance: Physician tody dow decease had never attended him	remarks. Outgo. d. often death. He Cefore.	
4 14. BIRTHPLA	CE (city or to	wn) Lon	don ngland.		Name of operation		
15. MAIDEN N	AME	Not kno			What test confirmed diagnosis?		
16. BIRTHPLACE (city or town) London (State or country) England.					23. Il deeth wes due to externel causes (VIOLENCE) fill In also the foliowing: Accident, suicide, or homicide?		
17. INFORMANT Miss Myrtle Grandee (Address) Pocomoke City, Maryland			and				
18 BURIAL, CREMATION OF REMOVAL PIECE POCOMORE City Mpale May 17th 19.35 19. UNDERTAKER PROVIDENCE OF THE PROVIDE OF THE PROVIDE OF THE PROVIDENCE OF THE PROVIDENCE OF THE P					Manner of Injury		
					24. Was disease or injury in any way related to	o occupation of deceased?	
(Address)]	ocomo	ke City	Maryla	and.	If so, specify		
20. FILED 7	16,	1935 John	n J. Re	Registrar.	(Signed) (Address)	MANGEL IN	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
I never saw this man before death. He was dead when I arrived and from the history obtained and from the conditions surrounding his death as well as from his appearance I am certain that he died from natural causes and that his heart was the immediate cause of his death.

allenide my

3

N. B.-WRITE PL

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH
and the second s			

(1	5	8	14	6
			_		

1. PLACE OF DEATH	THE OX
· County Worces les	Registration Dist. No. 355
Village or City Berlin R. J. D.	No. St Ward
Length of residence in city or town where death occurredyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
hand a H o	ds.
2. FULL NAME ! ! i Charle Vulyas	
(a) Residence: No. (Usual place of abode)	St.,Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR-OR RACE 5. SINGLE, MARRIED, WIDQWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	May 29- 103 5
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
lary vierges.	, 19, to
6. DATE OF BIRTH (month, day, and year) Self. 7 18 79	I last saw be elive on 2004 28, 1931; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
5-6 6 2-3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
& Trade profession or particular	Oate of one et
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Pass.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	O
S 1 * 0 P * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 *	Name of the state
10. Data deceased last worked at this occupation (months and 1935) 11. Total time (years) spent in this year) 12. The second occupation (second this year)	
O 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Wishing Mungaria (State or country)	
13. NAME Jun Szeszake. 14. BIRTHPLAGE (city or town) Austria -) Lungary.	
Z 14. BIRTHPLAGE (city or town) Musleus - / Sungary	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au*opsy?
15. MAIDEN NAME Julia Zo diec 16. BIRTHPLACE (city or town). Alastria Neurgry	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) alestres Hemmy	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT Mas Misleal Julyas.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Evergreen Dato June 1, 1935	Nature of injury
0 (1) (3)	
19. UNOERTAKER (Address)	24. Was disease or injury in any way releted to occupation of deceased?
1 - di di	If so, specify
20. FILED 6-1- 1935 Nelen & Hayw	rd (Signed) M. D.
Register.	(Address)

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
28AL B 1935			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

OCCUPA. 1. PLACE OF DEATH Registration Dist. No. 332 pluods Village or City (If death occurred in a hospital or institution give its NAME instead of street and number) PHYSICIANS How long In U.S. if of foreign birth? Langth of rasidance in city or town where death occurred 30 EECORD. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH DIVORCED (write the word) Fern PERMANENT BINDING 5a. If marriad, widowed, or divorced HUSBAND of 22. CERTIFY, That I ettended deceased from (or) WIFE of B 6. DATE OF BIRTH (month, day, end vaer) certificate. properly 7. AGE **Yaars** Months Days If LESS than to have occurred on the data stated abova, at FOR 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____ min. 8. Trade, profassion, or particular ARGIN RESERVED OCCUPATION kind of work done, as SPINNER. House back may 9. Industry or business in which plnods work was done, as SILK MILL. SAW MILL, BANK, atc 1D. Data deceased last worked at 11. Total time (years) this occupation (month and year) spent in this that instructions occupation Other Contributory Causes of importanca: 12. BtRTHPLACE (city or town) (State or country) supplied. FATHER 13. NAME Name of operation. 14. BIRTHPLACE (city or town) (Steta or country) carefully What tast confirmed diagnosis?_____ Was thara an autopsy?____ MOTHER very important. 15. MAIDEN NAME 23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? _____ Date of injury_____ DEATH 16. BIRTHPLACE (city or town) (State or country) Whare did Injury occur?____ should be (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) OF 18. BURIAL, CREMATION, OR REMOVAC Manner of injury CAUSE e 1 Date May 18 ... 1931 nation Neture of injury LION 24. Was disease or 19. UNDERTAKER (Address) If so, spacify Registrar. (Addrass) ____

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinuer, weaver, etc.

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Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURPAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING V. S. No. 1

1.	PLACE OF DEATH	(107-a)
	County Worcester.	Registration Dist. No. 9 3 2
	Village or City / fewark	No. St., Ward
	Length of residence in city or town where death occurredyrsm	
2.	FULL NAME Leury Curriell Jac	le sou:
	(a) Residence: No. netword.	St Ward,
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	Thate white OR DIVORCED (write the word)	21. DATE OF DEATH (Mor(th) (Day) (Year)
5a.	If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded decaased from
	(OT) WIFE OF Margaret d. Jackson.	may 4 1935 to mag 10 1938
6. D	ATE OF BIRTH (month, day, and year) Sund, 8, 18 58	I last saw h Lunalive on May 9, 1938; death is said
7. A		to have occurred on the data stated above, at 3.00 Tm.
	76 9 / 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of one of the principal
NO	8. Trada, profession, or particular kind of work done, as SPINNER.	Brouched 5/2/35
	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	- phileenia
UPA	work was done, as SILK MILL, Jeured Jarmer	
D D D D D	10. Data daceasad last worked at 11. Total time (years)	
1	yaar)	Other Contributory Causes of Importança:
12.	BIRTHPLACE (city or town) Md	Exposeur
~ 1	(Stata or country)	
FATHER	13. NAME Herry Jackson.	
FAT	14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of
۳.	15. MAIDEN NAME Elai BADIS	What test confirmed diagnosis?
OTHE	11	23. If death was due to external causes (VIOL ENCE) fill in also the following:
2	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
	m. 141 11 0	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17.	(Address)	Specify whether many occurred in the strict, in forme, of in position in the case.
18.	BURIAL, CREMATION, OB REMOVAL	Manner of injury
	Place Newarts Cemeley Data May 12,19 3	Nature of injury
19.	UNDERTAKER J. W. Burbage, (Address) Berlin had	24. Was disease or injury in any way related to occupation of deceased?
200	FILED May 2 1935 - I U Muniford	(Signed) Clefford E. Scholl M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If metried, widowed, or divorced HUSBANO of (or) WIFE of 21. DATE OF DEATH 22. I HEREBY	St.,St. St.,
Village or City No. (If death occurred in a horpital or institution Length of residence in city or town where death occurred yrs	St., n, give its NAME instead of street and nun oreign birth?mos If nonresident give city or town and Sta
Length of residence in city or town where death occurred	n, give its NAME instead of street and nun oreign birth?
Length of residence in city or town where death occurred	oreign birth?yrsmos If nonresident give city or town and Sta
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Correction of the word of the	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOB OR RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 21. DATE OF DEATH 22. I HEREBY 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Peys If LESS than I day, hrs. Or min. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupetion (month end year) The principal Cause of DEATH were es follows: 11. Total time (yeers) spent in this occupetion (month end year) OCCUPATION OF THE PRINCIPAL CAUSE OF DEATH were es follows:	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE CORDIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. If merried, widowed, or divorced HUSBANO of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Oeys If LESS than 1 day, hrs. or min. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupetion (month end year) OF THE REBY 11 I ast sew h alive on to have occurred on the date stated the profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupetion (month end year) OF THE REBY 11 I ast sew h alive on to have occurred on the date stated the profession, or particular kind of work done, as SPINNER, sawyer, book seven the profession, or particular kind of work done, as SPINNER, sawyer, book seven the profession, or particular kind of work done, as SPINNER, sawyer, book seven the profession, or particular kind of work done, as SPINNER, sawyer, book seven the profession, or particular kind of work done, as SPINNER, sawyer, book seven the profession, or particular law in the profession law in	
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HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Work was been as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work work was done, as SPIK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupetion (month end year) occupation 11 I Total time (yeers) spant in this occupation occupation occupation occupation 11. Total time (yeers) spant in this occupation occupation	(Month) (Oay)
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Oeys If LESS than 1 day, hrs. or min. 8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupetion (month end year) Ogoupation I last sew h alive on to have occurred on the date stated. The PRINCIPAL CAUSE OF DEATH were es follows:	CERTIFY, Thet I attended dec
7. AGE Years Months Personal To have occurred on the date stated to have occurred on the have occurred on the date stated to have occurred	9, to
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SAW MILL, BANK, etc. 10. Date deceased last worked et this occupetion (month end year) . occupation . occupation	C
SAW MILL, BANK, etc 10. Date deceased last worked et this occupetion (month end year)	700
10. Date deceased last worked et this occupetion (month end year)	7111
year) occupation	
The state of the s	ince:
12. BIRTHPLACE (city or town) Paronistic City hy	
(State or country)	
13. NAME Elway fare	
(State or country)	Oete of
what test confirmed diagnosis?	Was there an auto
25. If deeth wes due to external cause	s (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Accident, suicide, or homicide? (Stete er country) Where did injury occur?	Oete of injury
9	(Specify city or town, county and State) NOUSTRY, In HOME, or In PUBLIC PLACE
18. BURIAL, CREMATION, OR REMOVAL Halls Hill Manner of injury	
Parker of the series of the se	
Alaine at the second	
20. FILEO DY ay 14. 1935 John J. Rolling (Signed) (Address)	related to occupation of deceased?

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			-0,51 C NV	
Contributory causes of importance:		Other contributory ca	uses of importance:	
Gnes	May 1,1923	Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

infor- state UPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	<u> </u>
should of OCC	County Norcester	Registration Dist. No. 3174
6.5	Village or City of tocketor	No CA W.
-= 0	(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Every CIANS ement	Length of residence in city or town where deeth occurredyrsmo	sds. How long in U.S. if of foreign birth?yrsmosd
Eve	2. FULL NAME Elword Jones Iv	
RD. Every YSICIANS statement	(a) Residence: No.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HA	Male Golor or RACE 5. SINGLE, MARRIED, WIOOWED, OR DOVORCED (write the word)	21. DATE OF DEATH May 10, 1935
NDING RMANENT X A C T L Classified.	5a. If married, widowed, or divorced HUSBANO of	(Month) (Oay) (Year)
O A A S	(or) WIFE of	HEREBY CERTIFY, That I ettended deceased fro
	111 . 0 1005	May 9 , 1935 to May 9 , 1935
BJ PE Iy ate.	6. DATE OF BIRTH (month, day, and year) May 9 / 935	I last sew ham elive on May 7 , 1935; death is se
FOR B. IS A PE stated E properly certificate	7. AGE Years Months Oays If LESS than I day,hrs.	to heve occurred on the dete stated above, af/m.
FOR IS A stated proper	ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:
	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	044010110
E H	SAWYER, BOOKKEEPER, etc	1 1 1
KK_T should it may n back	work wes done, as SILK MILL, SAW MILL, BANK, etc	Tremaure Only
E Sharing	10. Oete deceased last worked et 11. Total time (years)	
RES NG I AGE that	this occupation (month end spent in this occupation occupation	
Z	12. BIRTHPLACE (city or town) Stacketon Md.	Other Contributory Causes of importance:
ARGIN JNFADIN pplied. Lerms, so instructi	(State or country)	
TTH UNFA	13. NAME Elynord James	
LAF UN uppl tern tern	13. NAME Elyota July 14. BIRTHPLACE (city or town) Stockton	
€ H -F 70	14. BIRTHPLACE (city or town) State or country)	Name of operation
.Y, WITH carefully if the plain ortant. Se	15. MAIDEN NAME Josephysie Holland	What test confirmed diagnosis? Was there an autopsy?
, 5 ·= 8	E Stalt	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
MLY, be car ATH mports	16. BIRTHPLACE (city or town) Stockstory (State or country)	Accident, suicide, or homicide? Dete of injury
Id be car DEATH y import	Pt DD GALON	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
LA Did	17. INFORMANT Della, Millian (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL Tocktors mul	Manage of initial C
ITE IS	Place St Faul Coneter Oate May 11. 1935	Manner of injury
WRITE mation sl CAUSE TION is	0 0 0 0	
J TEOF	19. UNDERTAKER Control Vertical (Address) Stock for mil	24. Wes disease or injury In any wey related to occupation of deceased?
B		If so, specify A Dielegalana
» ż	20. FILEO May 11, 1935 Mary M. Jayla	(Signed) At his Ducke Office M.
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
	of more beamed are needed, address State Registrar,	2411 14. Unanco Street, Dattimore, Requesting U. S. IVO. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ate	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
f in	d st	CUI	1
m o	houl	00	
, ite	S	jo :	1
very	AN	nent	
D. E	SICI	tater	
OR	HX	t si	
REC	4	Exac	
LZ	LY		
NE	CI	ified	
EMA	XA	lass	
PEF	国	ly o	ate.
Y S	ated	oper	tific
SIS	st	pr	cer
H	l be	be '	to a
j	oulc	maj	back
Ň	Sh	t it	no
SNG	AGI	tha	ions
ADI	d.	, so	ruct
NF	plie	erms	insti
DE	ins	in to	See
/IT	ully	pla	t.
M 52	aref	H in	rtan
NE	oe c	AT	mpo
LAI	ld l	DE	ry in
P	shor	OF	y ve
SITI	no	SE	N N
-WI	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAL	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(100)
County Markesler	Registration Dist. No. 355
Village or City Showell	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) os
2. FULL NAME (Smile 15 Mits	hell
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Tempole 5a. If married, widowed; of divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of James H. Mitchell	1 HEREBY CERTIFY. That I attended decased from 22, 19 30
6. DATE OF BIRTH (month, day, and year) 16-15, 1863	I last saw h. On allva on way 22 1, 1935; death is said
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at 1/- q-f-m.
/2 3 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEFPER, etc	Cerebral Hemorrhage may 15:3
9. tndustry or business in which work was done as SILK Mit L.	
work was done, as SILK MILL, SAW MILL, BANK, etc Date daceasad last worked at this occupation (month and year) occupation occupation	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of Importance:
(State or country) Wangester, Ma	
13. NAME Mennell Compiled	
13. NAME Mennell Compbell 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mancy Collins	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Hancy Collins 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Whare did injury occur?
17. INFORMANT mes of mytches	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL, Benlin, mail	Manner of injury
Place rengueln for Date May 24,193	Nature of Injury
19. UNDERTAKER My Gerhan Nathan (Address) Sullinguelle	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 5-24, 1935 Helen F. Haiwa	Address) Selbyrell M.D.
If more blanks are needed, address State Registrat	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
CORUNC V. S	- 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS

N. B.

of OCCUPA-

STATE (OF	MARYL	AND-	CERTIFI	CATE	OF	DEATH
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1. PLACE OF DEATH	05892
County Worcester.	Registration Dist. No. 355
Village or City Berlin R. F. D.	No. St Ward
(If Length o1 residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME asbury mitchell.	ds. How long in U.S. if of foreign birth?yrs,mosds.
(a) Residence: No. [3. Line R. J. D. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
50 16 miles widowers.	(Monthy (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
Mary Mitchell.	1 HEREBY CERTIFY. That I attended deceased from may 15' ,1935', to may 28 ,1935'
w. DATE OF BIRTH (MOHEN, day, and yeer)	I last saw harin alive on may - 38 , 19 9 5; deeth is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at
86 3 19 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL,	Chronic Dalvular Hart Suns 1534
SAW MILL, BANK, etc. Letter Carmer.	
this occupation (month and 102 a spant in this	
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Matriflacian (State or country)	
	hone
E	none
4. BIRTHPLACE (city or town) 1. 1 was a superior (State or country)	Name of operation Date of What test confirmed diegnosis? Was there en autonov?
15. MAIDEN NAME Charlotte Dernis	What test confirmed diegnosis?
15. MAIDEN NAME Charlotte Dennis. 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
₹ (State or country)	Where did injury occur?
17. INFORMANT Mrs. Clay on nock (Address) Bellie Md. R. J.D.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piece Wergrein. Date (May 30, 19 35)	Neture of injury
19. UNDERTAKER J. W. Berling (Address) Berling	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 5-30-, 185 Helen J. Naywar	d. (Signed). Ca Holland M.D. (Address) Beslm md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis BUREAU V.	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Date of onset 1930

21010

If more blanks are deeded,	address State Registrar,	2411 N. C	harles Street,	Baltimore,	Requesting	U. S. 1	No. z.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FI	URTHER STATEM.	ENTS BY	PHYSICIAN
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STATE OF	MARYLAND-CERTIFICATE	OF	DEATH
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05894

1. PLACE OF DEATH	
County Worces les.	(131) Registration Dist. No. 332
Village or City News Berlin	No. St Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsm	os,ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Laura C. Soul	U. ·
(a) Residence: No. Near Berlin.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 22.
OR DIVORCED (write the word)	LI DATE OF DEATH MAY 27 - 100 5
5a. If married, widowed nor divorced	(Month) (Day) (Year)
HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
Seogle C. Vorrier.	, 19, to
6. DATE OF BIRTH (month, day, and year) May 24, 1881	I last samble alive on Moy 27-, 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 1.1.2.15m. Pur
54 0 3 1 day,hrs	mere as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER PROPERTIES	Date of onset
SAWYER, BDDKKEEPER, etc.	Rate helli 1935-
Andustry or business in which work was done, as SILK MILL.	Could Mifarilis ? ALL
SAW MILL, BANK, atc	perimposed upon a chonic neplaitie.
O this occupation (month and spent in this occupation occupation	Cuto
\sim	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) / Carry (State or country)	
III 13. NAME	- Family trait.
E January 9: 1000	
4. BIRTHPLACE (city or town) Dyaryana (State or country)	Name of operation Date of
I 15. MAIDEN NAME SINGLE COLORED	What test confirmed diagnosis? Was there an au'opsy?
= -	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Accident, suicide, or homicida?
9 9	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Ever green Cens. Data Mary 29, 19.35	
VII B	·
19. UNDERTAKER W. Address)	24. Was disease or injury In any way related to occupation of decorped?
200 10 2/2 DOL-24/	(Signed) has-1. Jaw- M.D.
20. FILED May 29, 1935 - IN Mounton	(Address) Bulianus,
Acgment.	(maines)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	łi	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUN 5 1865			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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of OCCUPA-

Exact statement

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be

TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

6	1	1	8	11	ř		
1	1	U	0	J	ŧ	3	

1. PL	ACE OF DEAT	ГН			(95)	~
Co	ounty Worce	ster	•		Registration Dist. No. 3	50
	llage or City_RQ			(II	No. R.F.D. # 2. St., f death occurred in a horpital or institution, give its NAME instead of street and ds. How long in U.S. If of foreign birth?	Ward number)
2. FU	LL NAME C	harles	T. Pusev			
) Residence: No				St., Ward. If nonresident give city or town an	d State
P	ERSONAL AN	D STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	W	r or RACE		RIED, WIDOWED, D (write the word) TCCL	21. DATE OF DEATH May (Month) (Day)	., 193_5 (Year)
HUSE (or)	ried, widowed, or divo BAND of WIFE of	alia	gibbo	nd	22. I HEREBY CERTIFY. That I attended	
7. AGE	Years 35 rade, profession, or pe	Months 6	tober 3 0ays 26	Oth.1899 If LESS than 1 dey,hrs. ormin.	to heve occurred on the date steted above, etm, The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
	kind of work done, SAWYER, BOOKKEE andustry or business In work was done, as SAW MILL, BANK, e ete deceesed lest wor this occupetion (moi year)	PER, etc	11. Total t spe	ime (yeers) nt in this upation	see remarks on back Verdict of Cororners Jury	
	IPLACE (city or town) tate or country)		ter Cou	nty	Other Centributery Causes of importance:	
13. N/	AME E. Thom	pson Pu	sey			
14. Bi	iRTHPLACE (city or to (Stete or country)		ster Co		Neme of operation Date of What test confirmed diegnosis? Was there en	
15. M	AIDEN NAME S	onora P	usey		23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following	
Σ	IRTHPLACE (city or to (State or country)	Ma	ryland.	ounty	Accident, sulcide, or homicide? Date of injury 5 Where did injury occur? NOBT DOCOMOR City. (Specify city or town, county and Si Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC P.	26 , 19 35 Md
	ddress) Pocom			and.	Public Highway	LAUE.
18. BURIA	L CREMATION OR R	EMOVAL			Manner of injury Fracture of Skull Neture of injury	
19. UNOER	ddress POCOMO		Maryla	nd.	If so, specify	
20. FILED.	May 28,	9 /	1. 1h	Registrar.	(Signed) John J. Maley Peace Act (Address) Pocomoke 64, Corc	rner

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
ROKE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
•			

That the said Charles T. Pusey came to his death by a cause unknown and by unknown means and believing said death to be of suspicious circumstancees, we recomend that a thourough investigation made on part of the State and county in effort to determine the real facts in said death.

STATE O	F MARYLAND-	CERTIFICATE OF DEATH 05896	
1. PLACE OF DEATH		(82.0)	
County Morcester	A	Registration Dist. No. 35/	
Village or City Sind	letree		ard
Length of residence in city optown where de		death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos	.ds.
2. FULL NAME Verin	Richardson		
(a) Residence: No.		St., Ward.	
	(Usual place of abode)	If nonresident give city or town and State	_
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
Male Col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 28 1935 (Month) (Dey) (Year)	
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	Richardson	22. A HEREBY CERTIFY, Thet lattended decessed f	from J
6. DATE OF BIRTH (month, day, and year) Que	terown	I last saw h Jun alive on 20 76 , 1931; death is	said
7. AGE Yeers Months About 67	Deys If LESS than I dey,hrs.	to have occurred on the date steted ebove, et	
8. Trade, profession, or particuler kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL,	Tarmer	Justo Chibril humarling	
SAW MILL, BANK, etc 10. Date deceased last worked et this occupetion (month year)	11. Totel time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (Stete or country)	melan d	Dther Contributory Causes of importance:	
13. NAME Don't	Throw		
14. BIRTHPLACE (city or town)	of Kmon	Neme of operation	
(State of country)		What test confirmed diegnosis? Wes there en autopsy?	4
15. MAIDEN NAME CONST	of Know	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
17. INFORMANT	mo norte	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Date 1/04 38 , 1935	Menner of injury	
19. UNDERTAKER of m S. Hell (Addiess) Syrvy	riances and	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 730 , 1935 \$	Etoy Freith Registrar.	(Signed) Au A. July (Address) Duww Hul. M.	и. D.
If more bl	lanks are neded, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

-WRITE

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Jo 1	plno	OCCI	
item	sho	Jo	
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
r reco	Y. PH	Exact	
RMANEN'	XACTL	classified.	
IS A PE	stated E	properly	'TION is very important. See instructions on back of certificate.
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STATE OF MARYLAND—CERTIFICATE OF DEATH

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U	C	3	3	6	

1. PLACE OF DEATH		-,		
County Worcester	*******		Registration Dist. No. 3	,0
Village or City_Pocomoke	City		No.	Ward
Length of residence in city or town where	deeth occurred5	3_yrs8mos	death occurred in a hospital or institution, give its NAME instead of street and nu 22 ds. How long in U.S. If of foreign birth?yrsmos	mber)
2. FULL NAME James He	nry Robi	ns		
(a) Residence: No.	(Usual place o	of abode)	St., Ward. If nonresident give city or town and S	tate
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	tare .
3. SEX 4. COLOR OR RACE Colored	s. SINGLE, MARE OR DIVORCED	(write the word)	21. DATE OF DEATH Pocomoke City, Lay 23rd. (Month) (Day)	1935
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Robin	ıs		22/May 8 - 1955 to May 7-35	eceased from
6. DATE OF BIRTH (month, day, and year Se	otember 1	st.1881.	I last saw h LAS elive on May 2211-1935	death is seld
7. AGE Years Months 53 8	Days 22	If LESS than I dey,hrs. ormin.	to have occurred on the date stated above, 204_m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	nitor & in Drug il 11. Totel tin spen occup nke City aryland.	delivery Store ne (yeers) tin this 30	Δ	5/1/35
15. MAIDEN NAME Mary Jan 16. BIRTHPLACE (city or town). Poc (State or country) 17. INFORMANT Annie Robins			23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	, 19
18. BURIAL, CREMATION OR REMOVAL Place O COMO Re City; 19. UNDERTAKER PLANNING	9777		Manner of injury	NO.
20. FILED May 25, 1935	ohn I R	ley Registrar,	(Signed) (Address) PROUVER City	w.

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA'	TEMENTS BY	PHYSICIAN
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V. S. No.

should state

of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH 05898
1. PLACE OF DEATH	(108)
County Worcester	Registration Dist. No. 374
Village or City Stockton	NoSt., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Rose Umn Sel	by
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 8. SEX 4. COLOR_OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	May 6, 1935
ia, If marriad, widowed, or-divorced	(Monty) (Day) (Yaar)
HUSBANO OF John Selby	22. I HEREBY CERTIFY, That I attended deceased from 1935 to May 5. 1935
5. DATE OF BIRTH (month, day, and year) Un komoww	I last saw All alive on May 5 , 19 35; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
fort 84 yrs 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of quest
SAWYER, BOOKKEEPER, atc. A 10 MLC ACCIPILAT	OI O
or thoustry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	Foras Garemana 4 days
10. Date daceased last worked at this occupation month and, spant in this	
year) (Mpn., 1.4.3.3 occupation and	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) Maryland	
(State or country)	
13. NAME Lever Manuel	
14. BIRTHPLACE (city or town) May Land	Name of operation Oate of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elya UM Teollicke	23. If death was due to axtarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Mayland	Accidant, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
TINEDOMANT WITCHELL	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

(Address) 19. UNDERTAKER

(Address)

if so, spacify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Mannar of Injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
BUREAU V. S.	8.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Eve	CIA	eme	
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PL	ould	FI	ery
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
E	tion	SO	NO
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STATE OF MARYLAND—CERTIFICATE OF DEATH

61	pur 5 s	-	7.1	13
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1. PLACE OF DEATH	93.0
County Vorcislic.	Registration Dist. No.332
	H) No. f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Clause May Inc. (a) Residence: No. Synegative of May 1. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Surgh	21. DATE OF DEATH May (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years 4 25 4 22 16, 1909. 16 July 18 July 18 July 18 July 19 Ju	I last saw h elive on, 19, 19, death is sail to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	Cecute myo cardilis 1833
10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	Other Centributery Canses of importance:
13. NAME Longe Massey. 14. BIRTHPLACE (city or town) Md. (State or country)	Name of operation Date of Whet test confirmed diagnosis? Was there an autopsy? _ 2
15. MAIDEN NAME Charlotte Tungles 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT Charlotte Grame (Address)	23. If death was due to external causes (VIDLENCE) fill In also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Termantions Date May !!, 19.35	Manner of injury
19. UNDERTAKER JU Burbage (Address) Berlin, md.	24. Was disease or Injury In eny way related to occupation of deceased?
20. FILED May 11, 1925 - I W Mary ford Leif, Resistrar.	(Signed) (Address) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1	-		
Other contributory causes of importance:		Other contributory causes of importance:	14.343
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

S. No. 1

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05900
1. PLACE OF DEATH	23
County Warcerly	Registration Dist. No. 357
Village brow Snow Hell ma	81-
	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME matte Tingle	
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
female alored OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) walk and 1901	I last saw h 9 alive on may 2974 1957 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
about 34 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	Joban Commonia Date of onest
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and on the second in this compation (month and on the second in the second	Tuberoulosis/ Pulmonay 2
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
2000	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) New York (State or country)	
13. NAME	
E	
(State or country)	Name of operation Date of Was there an au'opsy?
15. MAIDEN NAME B Star Finele	23. Indeath-was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Bettre Fingle 16. BIRTHPLACE (city or town) rewerk, mg.	Accident, suicide, or homicide? Date of injury, 19
E (State or country)	Where did Injury occur?
17. INFORMANT Laura Tingle	(Specify city or town, senty and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 30 East Struggeld and	The state of the s
18. BURIAL, CREMATION, OR REMOVE Chestnuttill, Pa,	Manner of Injury
Place nework ma Date June 3 , 1935	Nature of injury
19. UNDERTAKER CHE CHURNELL	24. Was disease or injury in any way related to occupation of deceased?
(Address) 5 your fell, mg.	If so, specify
20 FILED 693 1935 REROE Sweeth.	(Signed) Species V. Weade M.D.
Registrar.	(Address) Suow Helf

Lianks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	y s	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.

TION is very important. See instructions on back of certificate.

5	IAIE	OF MAR	YLAND—	CERTIFICATE OF DEATH	15901	
1. PLACE OF DEAT	H	a transport		Registration Dist. No. 3	172	
WIT BY	-Seamwan.	Alina	1 TM 0			
Village or City	non	THE	D O (III	No. St., death occurred in a hospital or institution, give its NAME instead of street a	Ward	
Length of residence in cit	y or town where	feeth occurred	TIS CIMOS	ds. How long in U.S. If of foreign birth?yrs	mosds.	
2. FULL NAME	illy	mae	Ma	id		
(a) Residence: No.				St., Ward.		
(a) hesidence. No		(Usual place	of abode)	If nonresident give city or town	and State	
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH		
TEmale 4. com	R OF RACE	5. SINGLE, MARI OR DIVORCEI	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH 5 28	193 S (Year)	
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, dey, and yeer) 2,28,35				(month) (bey)	(Teal)	
				22. I HEREBY CERTIFY. That I attend	ded deceased from	
				I fast saw the elive on 5/27 ,190	34; death is seld	
7. AGE Years	Months	Days	If LESS than	to hava occurred on tha date stated ebove, at 3_Q_m.		
	3		1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as Tollows:	1	
8. Trade, profassion, or pa	rticular				Date of onset	
kind of work done, SAWYER, BDDKKEE	PER, etc			13 1	2//	
Nork was done, as S SAW MILL, BANK, e	which ILK MILL,		-	posoneno-preumonie.	951/31	
kind of work done, SAWYER, BDDKKEE Industry or business In work was done, as SAW MILL, BANK, et al. 10. Date deceased last wor this occuration (mo.		I1. Total ti	ma (vasce)	Did not follow any other dis	Large	
this occupation (mor	ith end	span	it In this	Cong. R		
	Luci	Mil	. \ 1	Other Contributory Causes of importance:	49 5 12	
12. BIRTHPLACE (city or town) (Stata or couptry)	guv.	2	ma	11 me to		
				war o vian		
14. BIRTHPLACE (city or town) In d						
[14. BIRTHPLACE (city or town)				Name of operation Deta	of	
	a trice	Della			en autopsy.	
I IS. MAIDEN NAME	Till	- Luin	more	23. If daath wes due to axternal causes (VIOLENCE) fill in also tha follo		
15. MAIDEN NAME Glature Dummond 16. BIRTHPLACE (city or town) Lew Church 199 (State or country)				Accident, suicide, or homicide? Date of injury		
(State of Country)	VI 16.	1. 0	11200	Where did injury occur? (Specify city or town, county and	State)	
17. INFORMANT (Address)	was re	J. Ol So	March	Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC	PLACE.	
18. BURIAL CREMATION, OR A	EMOVAL	'01		Manage of Jaluary		
Place of	new H	Date Ma	7 29 19 33	Manner of Injury Nature of Injury	~ P.	
300	10 011	10	00		MI	
19. UNDERTAKER (Address)		- anne	<i>a</i>) .	24. Was disease or injury in any way related to occupation of deceased?	1.90	
(Muless) SP	3 - 9			(Signed) Talkalache	7	
20. FILED 2 0 , I	0 27 X	Thoey 9	Accella Registrar.	(Address when full S	Ma M. D	
		/	Acgistrar.	Thursday of the same of the sa		

If more blanks are deeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
120 012	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN